



Bainbridge Township  
 17826 Chillicothe Road  
 Chagrin Falls, Ohio 44023  
 (440) 543-9871

[www.bainbridgetwp.com](http://www.bainbridgetwp.com)  
 Email: [zoning@bainbridgetwp.com](mailto:zoning@bainbridgetwp.com)

**CONSENT LETTER OF  
 AUTHORIZATION AND  
 REPRESENTATION**

**DATE RECEIVED:**  
 (OFFICE USE)

APPLICATION NO. \_\_\_\_\_

FACILITY FILE NO. \_\_\_\_\_

I/WE \_\_\_\_\_  
 Print Name(s)

The undersigned owner(s) of the real property located at:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Do hereby authorize \_\_\_\_\_ located at  
 Print Name and Name of Company (if applicable)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

To act as my/our authorized representative regarding the following application to be submitted to the Bainbridge Township Zoning Department:

Application for a Zoning Certificate

Application for a Zoning Certificate for Signage

Application for a Conditional Zoning Certificate

NOTARY PUBLIC

State of Ohio  
 County of \_\_\_\_\_

\_\_\_\_\_, do hereby certify that I/We am/are the owner(s) of record of the real property identified herein and that the foregoing authorization is my/our free act and deed for the purposes expressed herein.

Signature(s) of Owner(s) \_\_\_\_\_ Print Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me at \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Seal: \_\_\_\_\_